

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/406 795 FILING DATE 09/28/99
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4				1		
5					1	
6					1	
7				1		
8				1		
9				1		
10			1	1		
11			1	1		
12			1	1		
13				1		
14				1		
15				1		
16				1		
17				1		
18				1		
19			1			
20			1			
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28				1		
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
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38				1		
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40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49			1			
50				1		
TOTAL IND.	2					
TOTAL DEP.	16					
TOTAL CLAIMS	18					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
55								
56								
57								
58				1				
59								
60						1		
61							1	
62							1	
63								1
64								1
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67								1
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								